DOCUMENT RESUME

ED 080 799 CE 000 012

AUTHOR	Senters, Jo
TITLE	Doctors of Osteopathy Licensed in Washington.
INSTITUTION	Washington State Dept. of Social and Health Services, Olympia. Health Manpower Project.
PUB DATE	Sep 70
NOTE	39p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Adult Education; *Certification; *Employment Patterns; *Employment Statistics; Medical Education; *Occupational Surveys; State Surveys
IDENTIFIERS	Osteopathy; *Washington State

ABSTRACT

Based on information gathered by the Health Manpower Project through a survey cosponsored with the Washington Osteopathic Medical Association, this report begins with a statement of philosophy of osteopathic medicine and proceeds to comment on where such professional education is available. Remarks on the type of educational background of the students entering in 1968 and their areas of academic emphasis are followed by an explanation of the licensing regulations in this field in Washington. The author provides a summary of the data and an explanation of the study design. The main portion of the study is devoted to tables concerning patterns in employment, education, continuing education, and licensure of osteopaths residing in Washington. There is included a three-item bibliography and two appendixes--one, a sample questionnaire, and the other, selected data tables. (AG)

FILMED FROM BEST AVAILABLE CO

ED 080799

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CE 000 012

Doctors of Osteopathy

Licensed in Washington

September, 1970

FILMED FROM BEST AVAILABLE CO

STATE OF WASHINGTON

DANIEL J. EVANS
GOVERNOR

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
SIDNEY E. SMITH
SECRETARY

DIVISIONS
HEALTH
INSTITUTIONS
PUBLIC ASSISTANCE
VETERANS' AFFAIRS
VOCATIONAL REHABILITATION

DIVISION OF HEALTH
P. O. BOX 709, OLYMPIA AIRPORT
OLYMPIA, WASHINGTON 98501

WALLACE LANE, M.D., M.P.H.
ASSISTANT SECRETARY
PHONE 753-5900

ED 080799

DOCTORS OF OSTEOPATHY LICENSED IN WASHINGTON

Report Written By:

Jo Senters, M.A.
Research Analyst
Health Manpower Project

The survey, on which report was based, was co-sponsored by the Washington Osteopathic Medical Association and the Health Manpower Project, Division of Health, Washington State Department of Social and Health Services. Analysis and report writing were conducted by the Health Manpower Project staff.

Warren Lawless
Executive Secretary
Washington Osteopathic Medical Association

Ilse J. Volinn, Ph.D., Administrator
Health Manpower Project
Division of Health

DOCTORS OF OSTEOPATHY LICENSED IN WASHINGTON

Wallace Lane, M.D., M.P.H.
Assistant Secretary
Division of Health
Department of Social and Health Services

Jess B. Spielholz, M.D., M.P.H.
Deputy Assistant Secretary
Office of Health Services
Division of Health
Department of Social and Health Services

Staff and Consultants

Ilse J. Volinn, Ph.D.
Supervisor
Health Manpower Project
Division of Health

Jo Senters, M.A.
Research Analyst
Health Manpower Project
Division of Health

Margaret Kroshus
Secretary
Health Manpower Project
Division of Health

Jean Hyles
Clerical Assistant
Health Services
Division of Health

Thomas W. Steinburn, Ph.D.
Department of Sociology
University of Washington
Data Analysis Consultant

Gilbert Scott
Computer Center
University of Washington
Keypuncher

ADVISORY COUNCIL TO THE HEALTH MANPOWER PROJECT

Dorothy Asplund Program Specialist	Division of Vocational Education Health Occupations Section
Frank Baker Director	Division of Comprehensive Health Planning Planning and Community Affairs Agency
Reed Bement Executive Secretary	Washington State Pharmaceutical Association
John Bigelow Executive Director	Washington State Hospital Association
Max Brokaw Administrator	Division of Professional Licensing
Elizabeth L. Byerly, Ph.D. Assistant Dean	School of Nursing University of Washington
George Forsyth Executive Director	Washington State Health Facilities Association
Richard Fowler President	Washington State Pharmaceutical Association
*Richard Gorman Executive Secretary	Washington State Medical Association
Ruth Jacobson, Vocational Education Program Director	State Board for Community College Education
Merriam Lathrop, Assistant Executive Director	Washington State Nurses Association
Henry Mudge-Lisk Executive Director	Puget Sound Comprehensive Health Planning Board
Henry Polis, Vocational Education Program Director	State Board for Community College Education
Lawrence J. Sharp, Ph.D. Associate Director for Research and Development	Washington/Alaska Regional Medical Program
Lyle M. Tinker Chairman	Washington State Manpower Coordinating Committee
William R. Hogarty Executive Director	Regional Health Planning Council, Inc.
Vern Vixie Executive Secretary	Washington State Dental Association

TABLE OF CONTENTS

	Page Number
Advisory Council to the Health Manpower Project	
Staff and Consultants	
Osteopathic Medicine	i
Professional Education	ii
Licensing Regulations - State of Washington	iv
Summary of the Findings	vi
Methodology	viii
Geographic Distribution of Osteopathic Physicians	1
Respondents Living in Washington	2
Patterns in Employment	2
Variations in Employment Status According to State of Residence	4
Primary Work Function	4
Work Setting	4
Relation of Education and Age to Work Setting	5
Work Setting and State of Residence	5
Type of Practice	5
Relation of Work Setting to Type of Practice	6
State of Residence and Type of Practice	6
Education and Type of Practice	6
Age and Specialization	7
Years in Practice	7
Age	8
Education	8
Highest Degree	8
Age and Education	8
Attendance at College Among Non-Baccalaureate Degree Respondents	9
Continuing Education	10
Participation and Highest Degree	10
Participation and Age	10
Opinions on Availability of Opportunities	10
Influence of Education on Opinions Toward Availability	11
Influence of Age on Opinions Toward Availability	11
Opinions on Subject Matter Offered in Continuing Education Courses	11

TABLE OF CONTENTS (Continued)

	Page Number
Continuing Education	
Influence of Education and Age on Opinions Regarding Subject Matter	12
Convenient Course Length	13
Preferred Course Length and Age	13
Preferred Time of Day	14
Licensure	
State of Recriprocity	14
	14
Appendix A. The Questionnaire	
Appendix B. Selected Data Tables	
Bibliography	

LIST OF FIGURES

Figure Number		Page Number
1	Map Showing Distribution of Osteopathic Physicians Licensed and Living in Washington	3
2	Distribution of Licensed Osteopathic Physicians According to their Employment Status	2
3	Work Settings of Licensed Osteopathic Physicians	4
4	Type of Practice of Licensed Osteopathic Physicians	6
5	Distribution of Licensed Osteopathic Physicians According to Reported Years of Experience	7
6	Age Distribution of Osteopathic Physicians Licensed in and Living in Washington	8
7	Percent Reporting a Baccalaureate Degree According to Age	9
8	Length of Course Preferred for Continuing Education	13
9	Preferred Time of Day for Continuing Education	14

LIST OF TABLES

		Page Number
Table I.	Total Enrollment and Graduation Figures for All American Osteopathic Colleges	11
Table II	State of Residence for Osteopathic Physicians Licensed in Washington	1
Table III.	Specialty of Physicians in General Practice with Special Attention to a Specialty and Specialty of Physicians Limiting Their Practice to a Specialty	7
Table IV.	Years of College Attendance Among Osteopathic Physicians with no Baccalaureate Degree	9
Table V.	Percent Reporting Attendance in Continuing Education Activities During Last Five Years	10
Table VI.	Opinions of Osteopathic Physicians on Availability of Current Educational Opportunities in General	11
Table VII.	Opinions on Subject Matter Offered	12
Table VIII.	Subjects Reported to Be Needed as Part of Continuing Education	12
Table IX.	State of Reciprocity for Osteopathic Physicians	15

Osteopathic Medicine

"The most distinctive aspect of osteopathic medicine has been and is the continuous development of technics for releasing man's natural abilities to combat strains and stresses which may result in disease. As members of a complete school of medicine and surgery, osteopathic physicians and surgeons integrate all accepted methods of treatment of disease and injury, including manipulation, drugs, operative surgery and physical therapy as dictated by the diagnosis of the individual patient."

"Health is held to be a total condition of the entire body, moreover, the focus of osteopathic medicine is upon treating the whole man, not just his disease. Osteopathic physicians favor those treatments which stimulate or assist man's natural abilities to maintain or return to a state of health."

"Osteopathic medicine contends that early symptoms of functional disease may be projected in the musculoskeletal system of the patient. The osteopathic physician in his examination of this system often discovers these irregularities and can apply corrective treatment. Thus, stress and strain may be removed, preventing a more serious condition from developing."

"The appreciation of the interrelationship of the structure and function of the human body is basic to understanding osteopathic concepts. Emphasis is placed upon the maintenance of health through prevention of disease by osteopathic management." (reference 1)

Professional Education

There are currently seven colleges of osteopathic medicine in the United States. The Michigan College of Osteopathic Medicine, affiliated with Michigan State University, and the Texas College of Osteopathic Medicine are new and admitted their first classes in Fall, 1969 and Fall, 1970, respectively. Current and projected enrollment and graduated figures are shown in Table I.

TABLE I.
Total Enrollment and Graduation Figures for All American Osteopathic Colleges, for Selected Years

Institution	Total Enrollment		No. Graduated	
	1969-70	1970-71 (Projected)	1970	1971 (Projected)
Chicago College of Osteopathy	296	309	71	77
College of Osteopathic Medicine and Surgery, Des Moines, Iowa	345	382	71	82
Kansas City College of Osteopathy and Surgery	447	451	107	112
Kirksville College of Osteopathy and Surgery, Kirksville, Missouri	421	426	101	97
Philadephia College of Osteopathic Medicine	520	557	108	122
Texas College of Osteopathic Medicine, Arlington, Texas	20*	40	None	None
Michigan College of Osteopathic Medicine, Pontiac, Michigan	20*	45	None	None
Totals	2,069	2,210	458	490

* Texas admitted its first class in Fall, 1970 and Michigan in Fall, 1969

Information discussed in this section on professional education has been largely adapted from "Educational Supplement" published by the Office of Education of the American Osteopathic Association, January, 1969, Vol.21, No.1. Data on enrollment and graduation in Table I were obtained through personally contacting the colleges at the time the report was written.

All Osteopathic colleges require the Medical College Admissions Test as part of the admissions procedure, in addition to other tests used by college admissions committees. Motivation of the applicant is carefully assessed through preprofessional counseling and evaluation of the applicant by osteopathic physicians in the field.

In 1968, nearly 96% of the entering students had completed 4 or more years of college and 90% of the entering classes had earned baccalaureate or advanced degrees. The undergraduate colleges training the largest number of first-year students entering osteopathic colleges in 1967 were Wayne State University in Michigan (37 or 32%) and Temple University in Pennsylvania (24 or 21%). Several other Eastern and Mid-western educational institutions accounted for the majority of the remaining undergraduate colleges. In 1968, women represented 3% (53) of the total osteopathic college enrollment.

The Committee on Colleges of the Bureau of Professional Education of the American Osteopathic Association and the American Association of Osteopathic Colleges emphasize a good background in English and general education in addition to required courses in the fields of chemistry, biology and physics. Biology and chemistry are two of the typical majors chosen by undergraduate students preparing for the profession of osteopathic medicine.

DOCTORS OF OSTEOPATHY

Licensing Regulations
State of Washington

Scope of licensee's functions:

A certificate shall be issued by the director of licenses authorizing the holder thereof to practice osteopathy and surgery, including the use of internal medicine and drugs, and shall be the only type of certificate issued. All certificates to practice osteopathy or osteopathy and surgery, including the use of internal medicine and drugs, heretofore issued shall remain in full force and effect.

Educational Prerequisites:

An osteopathic physician and surgeon must hold a diploma from a legally chartered school of osteopathy and surgery, the requirements of which shall have been at the time of granting such diploma in no particular less than those prescribed by the American Osteopathic Association and the American Association of Osteopathic Colleges, or satisfactory evidence of having possessed such diploma.

To practice osteopathy and surgery, a person must furnish evidence that he has served for not less than one year as intern in a thoroughly equipped hospital which shall have had at least twenty-five beds for each intern devoted to the treatment of medical, surgical, gynecological and special diseases, and he also must have had a service of six weeks, or the equivalent threof in the maternity department of the same or some other hospital, during which time he shall have attended or participated in the attendance upon not less than six confinements. He shall furnish evidence that he has had sufficient experience in and a practical working knowledge of pathology and the administering of internal medicine and drugs including anesthetics.

In addition to the preceding requirements, an examination is required. Subject matter of the examination includes anatomy, histology, gynecology, pathology, bacteriology, chemistry, toxiocology, physiology, obstetrics, general diagnosis, hygiene, principles and practice of osteopathy and any other branches thereof that the director of licenses shall deem advisable. Persons seeking a certificate to practice osteopathy and surgery shall also take an examination in surgery and the management of surgical cases (including anesthetics).

Reciprocity:

Any person who holds a license authorizing him to practice osteopathy from a board of medical examiners heretofore existing under the provisions of the law of this state and any person having been examined and licensed to practice osteopathy by a state board of osteopathic examiners of another state shall be entitled to receive a license to practice osteopathy in this state--provided the law of such state is equal to that provided for by the provisions of Washington law.

Summary of the Findings

This report, which is based on information gathered by the Health Manpower Project through a survey co-sponsored with the Washington Osteopathic Medical Association, had a 70% response rate. All osteopathic physicians licensed in Washington State were surveyed. About half (49%) of the respondents actually lived in Washington; the other major states of residence were Oregon and Michigan. The following discussion refers to Washington residents only.

Background Characteristics

Osteopathic physicians living in Washington were unevenly distributed throughout the state, with no respondents reporting residence in the Western Coastal Region and few living east of the Cascades (except for Yakima County). Most were living in King County (48%) or Yakima County (18%).

Eighty two percent worked full time in osteopathic medicine; only 1% reported employment in another occupation. Nearly all (85%) of the respondents reported their primary work function as patient care, rather than administrative or other duties. Three fourths were active in solo, rather than group practice. Seven percent reported partnership practice. Respondents living in California, Ohio, Michigan and Iowa were more frequently in partnership or group practices than Washington residents.

A majority of the osteopathic physicians reported general practice rather than specialization. A third reported giving special attention to a specialty and 9% limited their practice to a specialty.

The ages of osteopathic physicians living in Washington were quite evenly distributed between the ages of 35 and 65. Only 10% were age 34 or under.

Slightly over half did not report a college degree but did specify 2 or more years of college; 43% had earned a baccalaureate or higher degree. Younger respondents more often had earned a degree than their older counterparts.

One fifth of the respondents reported participating in academic courses during the last five years as part of their continuing professional education. Over three fourths had attended short-term courses or workshops. Irrespective of educational background, younger respondents were more likely to have participated in continuing education opportunities. About half of the respondents expressed satisfaction concerning the number of available educational opportunities, about the same number approved the course content. One fourth, predominately those holding a baccalaureate or advanced degree, desired more courses and a greater variety of subjects covered. Many respondents specified particular subject matter (page 11). The most convenient course length was the short-term course, and the most preferred times were weekends and evenings.

Slightly over half of the osteopathic physicians living in Washington were licensed through reciprocity with another state. Missouri was mentioned most frequently, with Iowa next.

This report was based on a pilot survey of all osteopathic physicians licensed in Washington. A further survey of this occupation is planned which will provide verification and elaboration of the original data in this report.

Methodology

Study Design. This report is based on information gathered by the Health Manpower Project through a survey co-sponsored with the Washington Osteopathic Medical Association. The Health Manpower Project staff designed the study and conducted all analyses. Responsibility for this report is solely that of the Project.

All osteopathic physicians and surgeons licensed as of August 1, 1969 were surveyed. Names and addresses were obtained from the Division of Professional Licensing, Department of Motor Vehicles, State of Washington, as has been done with Project studies of other licensed health occupations.

Two follow-ups of the non-respondents were conducted after an initial mailing of questionnaires. 465 questionnaires were mailed to all licensed osteopathic physicians for the first time on October 6, 1969. By November 17, 1969, only 50 questionnaires had been returned and the first follow-up of the non-respondents was conducted. By January 7, 1970, another 64 questionnaires were returned and a second follow-up was carried out. Of the initial 465 questionnaires, 53 were undeliverable, leaving a total of 412 potential respondents. Overall, 290 responded to the survey, giving a response rate of 70%.

Restrictions of the Data. The data yield a relatively accurate picture of the distribution and member characteristics of Washington's osteopathic manpower. Isolated figures, such as the number active in a county, may be affected by the less than 100% response rate, and by such factors as geographic mobility and morbidity.

Further limitations of the data will be stated in relation to specific topics.

This report will begin with an examination of the states of residence of osteopathic physicians licensed in Washington. Discussion will then focus on only those who were residents of Washington, since they constitute the basis of the state's actual supply of osteopathic manpower.

Geographic Distribution

State of Residence. Nearly half (49%) of the respondents lived in Washington. The next most frequently mentioned states of residence were Oregon (9%) and Michigan (8%). Only 3% failed to specify their state of residence.

TABLE II.
State of Residence for Osteopathic Physicians
Licensed in Washington

Residence	No.	%
Washington	143	49
Oregon	27	9
Michigan	22	8
California	16	6
Ohio	13	4
Iowa	12	4
All Other States and Foreign*	47	17
No Answer	10	3
Total	290	100%

*19 other states and two foreign countries were reported

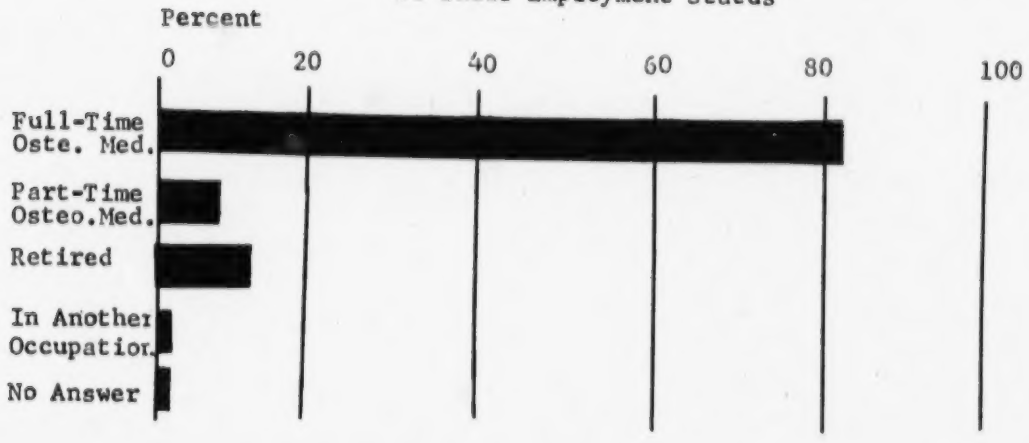
Respondents Living in Washington

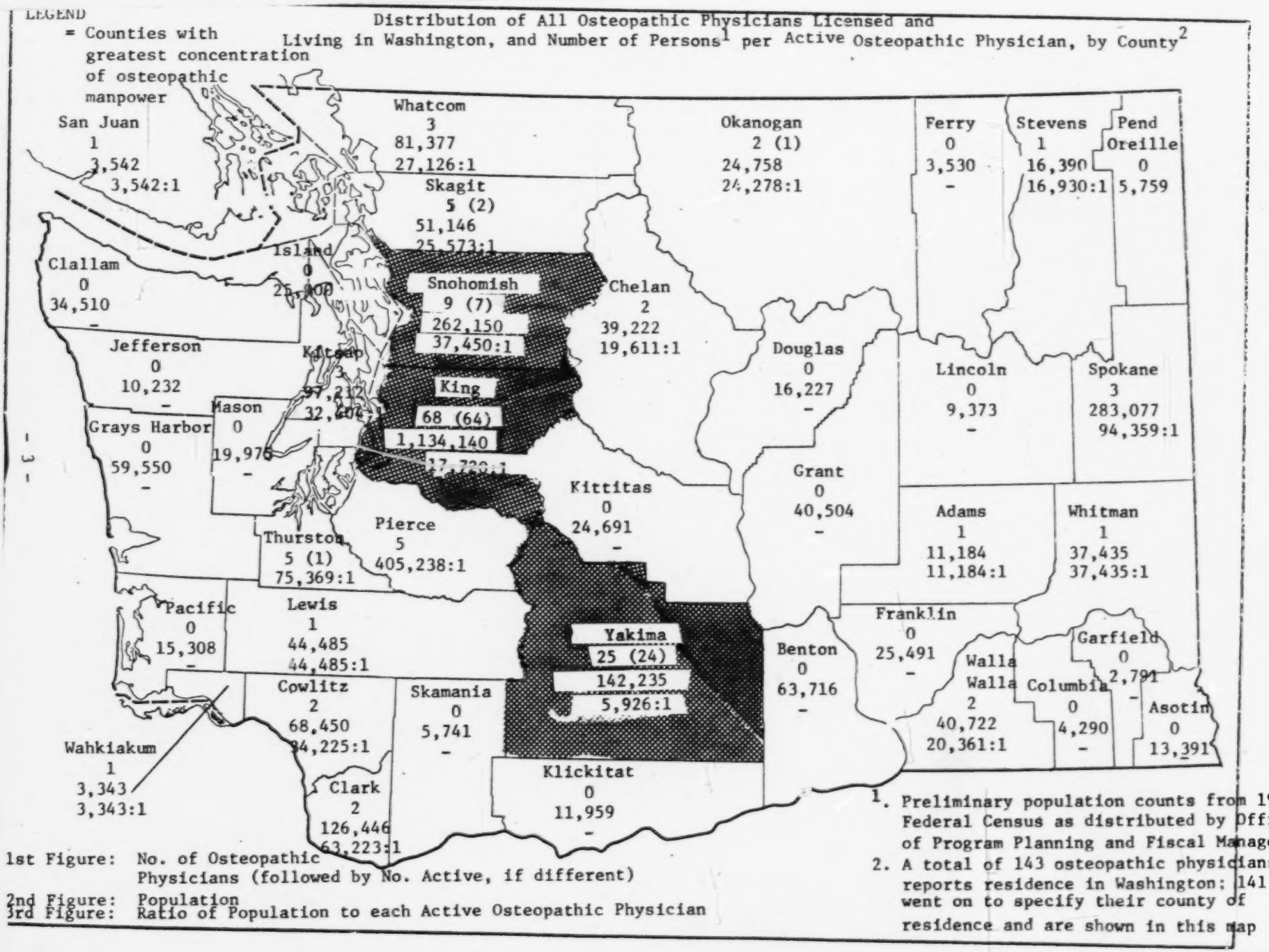
Residence by County. Nearly half (48%) of the osteopathic physicians living in Washington resided in King County at the time of the survey. Another 18% resided in Yakima County. The osteopathic physicians, in general, were distributed in a north-south belt from Whatcom County south to Clark County. No osteopaths reported residence in the Western Coastal Region and few were living East of the mountains, with the exception of Yakima County. This can be seen in Figure 1. (Map, Page 3)

PATTERNS in EMPLOYMENT

Eighty two percent of the osteopathic physicians were working full time in osteopathic medicine. Seven percent were practicing part time, and 9% were retired. One percent failed to reply and another 1% were employed in another occupation.

Figure 2
Distribution of Licensed Osteopathic Physicians According to Their Employment Status




LEGEND
= Counties with greatest concentration of osteopathic manpower
Distribution of All Osteopathic Physicians Licensed and Living in Washington, and Number of Persons[1] per Active Osteopathic Physician, by County[2]
San Juan 1 3,542 3,542:1
Whatcom 3 81,377 27,126:1
Skagit 5 (2) 51,146 25,573:1
Island 0 25,400
Clallam 0 34,510 -
Jefferson 0 10,232 -
Kitsap 3 97,212 32,404:1
Mason 0 19,975 -
Grays Harbor 0 59,550 -
Snohomish 9 (7) 262,150 37,450:1
King 68 (64) 1,134,140 17,720:1
Pierce 5 405,238:1
Thurston 5 (1) 75,369:1
Kittitas 0 24,691 -
Okanogan 2 (1) 24,758 24,278:1
Chelan 2 39,222 19,611:1
Douglas 0 16,227 -
Grant 0 40,504 -
Ferry 0 3,530 -
Stevens 1 16,390 16,930:1
Pend Oreille 0 5,759
Lincoln 0 9,373 -
Spokane 3 283,077 94,359:1
Adams 1 11,184 11,184:1
Whitman 1 37,435 37,435:1
Pacific 0 15,308 -
Lewis 1 44,485 44,485:1
Yakima 25 (24) 142,235 5,926:1
Benton 0 63,716 -
Franklin 0 25,491 -
Walla Walla 2 40,722 20,361:1
Columbia 0 4,290 -
Garfield 0 2,791 -
Asotin 0 13,391
Cowlitz 2 68,450 34,225:1
Skamania 0 5,741 -
Wahkiakum 1 3,343 3,343:1
Clark 2 126,446 63,223:1
Klickitat 0 11,959 -
1st Figure: No. of Osteopathic Physicians (followed by No. Active, if different)
2nd Figure: Population
3rd Figure: Ratio of Population to each Active Osteopathic Physician
1. Preliminary population counts from 1970 Federal Census as distributed by Office of Program Planning and Fiscal Management
2. A total of 143 osteopathic physicians reports residence in Washington; 141 went on to specify their county of residence and are shown in this map

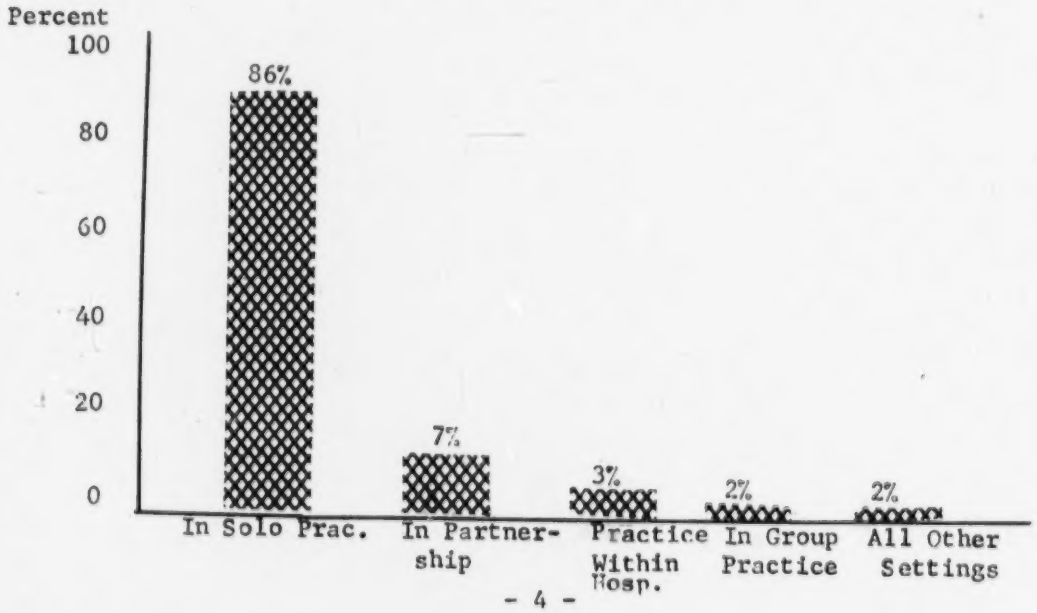
Variations in Employment Status According to State of Residence.

State residency accounted for few differences among the 290 osteopathic physicians licensed in Washington. The 1962 Osteopathic Act of California, through which some osteopathic physicians were granted honorary doctors of medicine degrees, might be reflected in the replies of 5 out of 16 California residents who specified that their occupation was that of medical physician rather than osteopathic physician.

Primary Work Function. Eighty seven percent of the osteopathic physicians were primarily engaged in patient care; 3% in administrative or other duties and 10% failed to answer this questionnaire item.

Work Setting. Over three fourths of the respondents were active in solo practice. Nine percent specified partnership or group practice. Figure 3 provides additional detail.

Figure 3
Works Settings of Licensed Osteopathic Physicians



Relation of Education and Age to Work Setting. Relationships between background factors and work setting were studied.

About the same percentage of osteopathic physicians without baccalaureate degrees were in solo practice as were those who had graduated from college (75% compared to 80%).

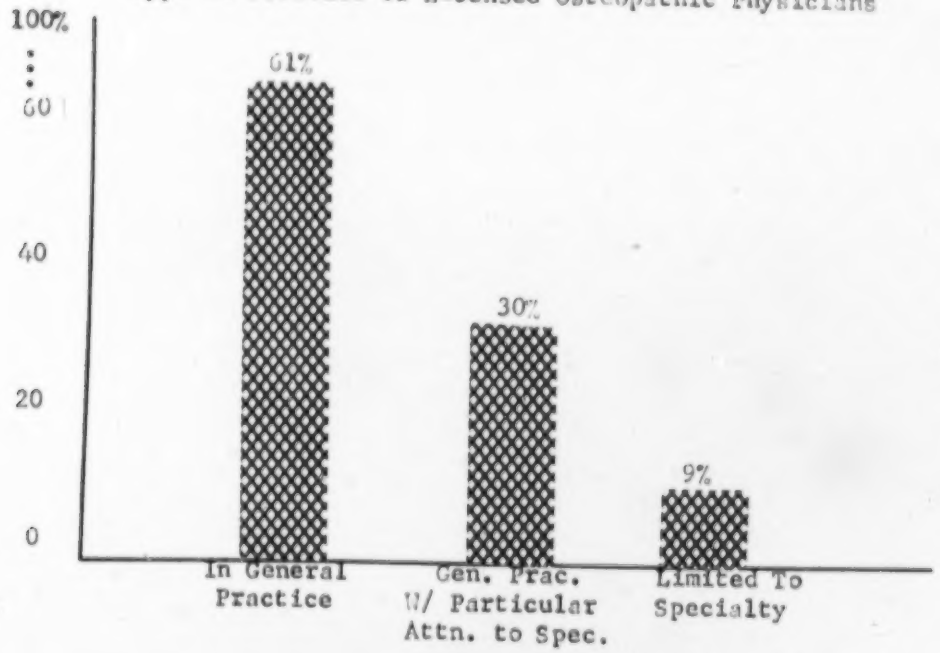
Younger practitioners were more likely to be engaged in partnership or group practice than in solo practice. For additional detail, see Appendex B, Table 3.

Work Setting and State of Residence. Residents of Washington and Oregon were similar in the distribution of work settings. Three fourths of each state's residents were engaged in solo practice, with the remaining osteopathic physicians in partnerships, group, hospital or "other" practices. Only half of the residents of California, Ohio, Michigan, and Iowa, however, were engaged in solo practice. A third of the residents in each of these states were in group practice. Whether such differences reflect trends in choice of practice is not shown by these data. Differences according to the states of residence should be examined with caution, since the numbers involved are often very small (see page viii of the report).

Type of Practice. A majority (61%) of the osteopathic physicians were engaged in general practice; a third were in general practice with special attention to a specialty, and 9% were limiting their practice to a specialty. These data support similar findings on Washington osteopathic physicians from a national survey in 1967 (reference 3)[1]

1. The figures from the survey conducted in 1967 by the American Osteopathic Association are 63%, 23% and 14% respectively. Slight differences between the Project's 1969 survey and the Association's 1967 survey findings may well arise from sampling and measurement errors, rather than from actual differences among the respondents.

Figure 4
Type of Practice of Licensed Osteopathic Physicians



Relation of Work Setting to Type of Practice. Solo practitioners (comprising the majority of the respondents) were most likely to engage in general, rather than specialized practice. Sixty three percent of the respondents in solo practice were engaged in general care compared to 37% of those in partnership, and none who practice in hospitals.

State of Residence and Type of Practice. Residents of California, Ohio, and Michigan were least likely to be engaged in general practice and most frequently were limited to a specialty. Washington and Oregon residents were similar in the percentages engaged in general practice. These findings parallel those found for work setting wherein residents of California, Ohio and Michigan were least likely to engage in solo rather than partnership practice.

Education and Type of Practice. Holders of bachelor's degrees were as likely as respondents with no bachelor's degrees to be engaged in general practice, rather than specialized practice.

TABLE III.
Specialty of Physicians in General Practice with Special Attention to a Specialty AND Specialty of Physicians Limiting Their Practice to a Specialty

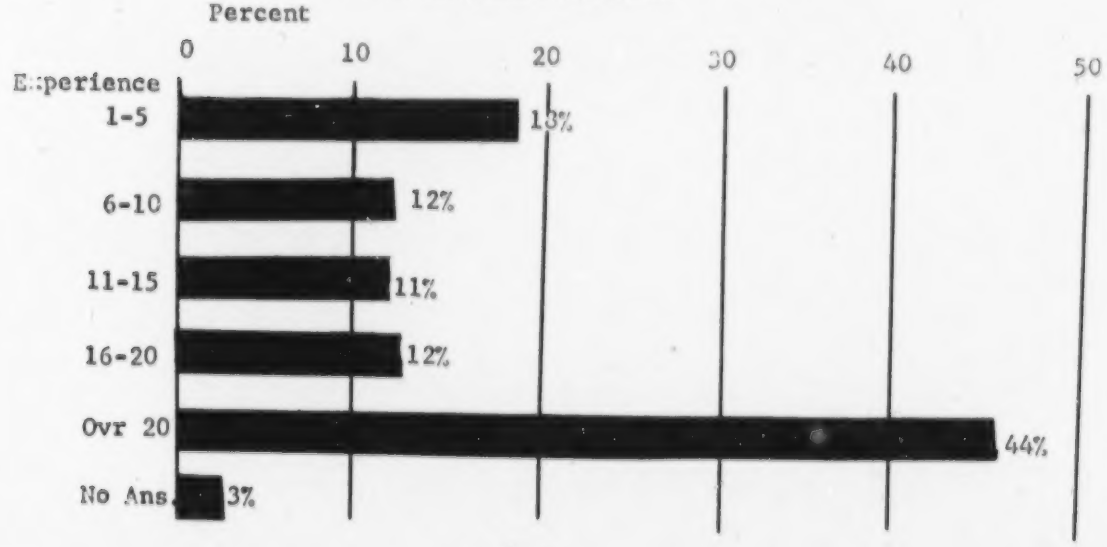
Specialty	Gen. Prac. With Spec. Attn.	Limit Prac. to Specialty
Anesthesiology	4	2
Athletic Medicine	3	*
Chest or Thoracic Medicine	2	*
Manipulation	9	2
Orthopedic Medicine & Surgery	*	1
OB-GYN	3	*
Pathology	*	2
Pediatrics	1	*
Physical Medicine & Rehab.	1	*
Radiology	2	3
Surgery	5	1
Other Specialties	5	4
Total	35	15

* Not reported by a Osteopathic Physician Licensed in and Living in Washington

Age and Specialization. Age was not a factor in specialization of practice.

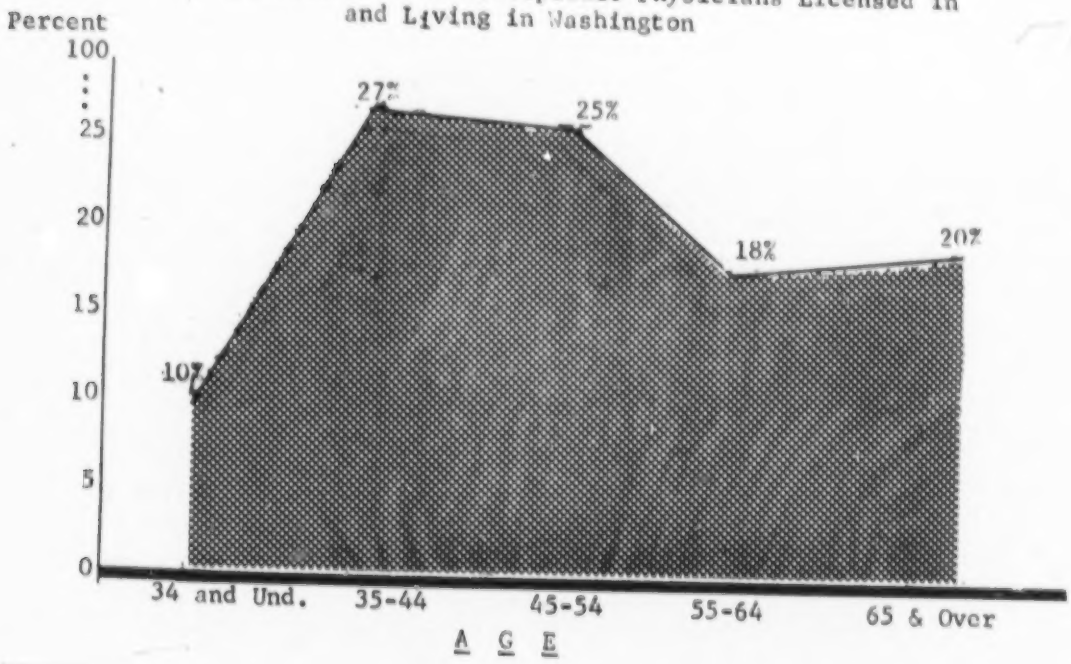
Years in Practice. Not quite half (44%) of the osteopathic physicians residing in Washington had been in osteopathic medicine for over twenty years. This can be seen in Figure 5.

Figure 5
Distribution of Licensed Osteopathic Physicians According to Reported Years of Experience in Osteopathic Medicine



Age. One fifth of the osteopathic physicians residing in Washington were age 65 or over. Half were between the ages of 35 and 54.

Figure 6
Age Distribution of Osteopathic Physicians Licensed in and Living in Washington

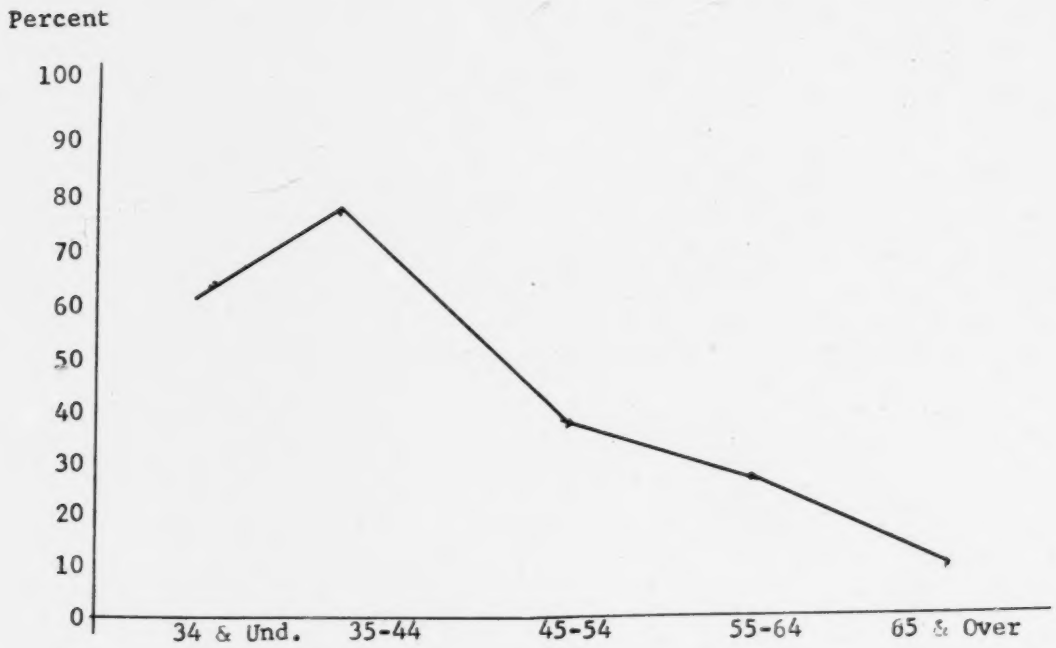


EDUCATION

Highest Degree. Slightly over half (57%) of the respondents had earned no bachelor's degrees. Forty one percent had earned baccalaureate degrees and 2% Master's degrees.

Age and Education. A definite pattern was found between education and age. The younger the osteopathic physician, the more likely that he had obtained a baccalaureate degree.

Figure 7
Percent Reporting a Baccalaureate Degree According to Age



Attendance at College Among No-Degree Respondents. A majority of the respondents who reported no baccalaureate degree had attended college for two or three years. This is shown in Table IV.

TABLE IV.
Years of College Attendance Among Osteopathic Physicians Living and Licensed in Washington with No Baccalaureate Degree

Number of Years of College Attendance:	No.	%
One	6	9
Two	20	30
Three	29	43
Four	12	18
	67 *	100%

* Of the 81 (57%) respondents who failed to report a degree, 67 went on to specify how many years of college they had attended; those who did not specify their attendance are deleted from the table.

CONTINUING EDUCATION

The osteopathic physicians were asked about their participation during the last five years in continuing education and their opinions on current opportunities. Information on participation was gathered on several other health occupations offering patient care and an example is shown, for comparative purposes, in Table V.

TABLE V.
Percent Reporting Attendance in Continuing Education Activities During Last Five Years, for Two Health Occupations

Percent Reporting by Type of Activity	Occupation: Doctors of Osteopathy	Occupation: Podiatrist
Attendance at One or More Academic Courses	21%	65%
Attendance at One or More Short-term Courses or Workshops	77%	84%

Participation and Highest Degree. Osteopathic physicians with a baccalaureate or higher degree were somewhat more likely to report that they had attended academic and short-term courses or workshops.

Participation and Age. Younger respondents more often reported attendance in both academic and short-term courses than their older counterparts. Thirty nine percent of those respondents 34 or under, 36% of those between the ages of 35 and 45, and only 12% of those between the ages of 45 and 54 reported academic coursework in the last five years.

Opinions on Availability of Opportunities. The osteopathic physicians were asked whether they felt the number of opportunities was more than adequate or too few for their own needs. While only 6% felt there were too many opportunities

over half were satisfied with the number available. A fourth felt there were too few available opportunities.

TABLE VI.

Opinions of Osteopathic Physicians on Availability of Current Educational Opportunities in General

Availability Perceived As:	No.	%
Adequate	78	55
Too Few	37	26
Too Many	9	6
No Answer	19	13
Total	143	100%

Influence of Education on Opinions Toward Availability. An association between educational attainments and opinions toward availability of continuing education was considered. Osteopathic physicians with a baccalaureate or higher degree were more likely than those without any degree to feel opportunities were too few for their own needs. Sixteen percent of those without a degree, 37% of those with a baccalaureate degree and 67%[1] of those with a master's degree specified that current opportunities were too few.

Influence of Age on Opinions Toward Availability. Younger respondents were more likely to desire additional opportunities than those who were older. Fifty four percent of those physicians age 34 and under and 17% between the ages of 55 and 64 felt opportunities were too few.

Opinions on Subject Matter Offered in Continuing Education Courses. Half of the osteopathic physicians felt the subject matter of current continuing educational courses was suitable to their needs. A fourth felt that other types of subjects should be offered and a few respondents specified that they had no opinion concerning this question.

[1] Represents only two respondents

TABLE VII.
Opinions on Subject Matter Offered

Subject Matter Perceived As:	No.	%
In General, Suitable	74	52
Prefer it related to other subjects*	39	27
No opinion	8	6
No answer	22	15
	143	100%

* See Table VIII.

Influence of Education and Age on Opinions Regarding Subject Matter. The younger respondents and those with a baccalaureate or higher degree were most likely to feel that the content of available continuing education opportunities was not entirely suitable.

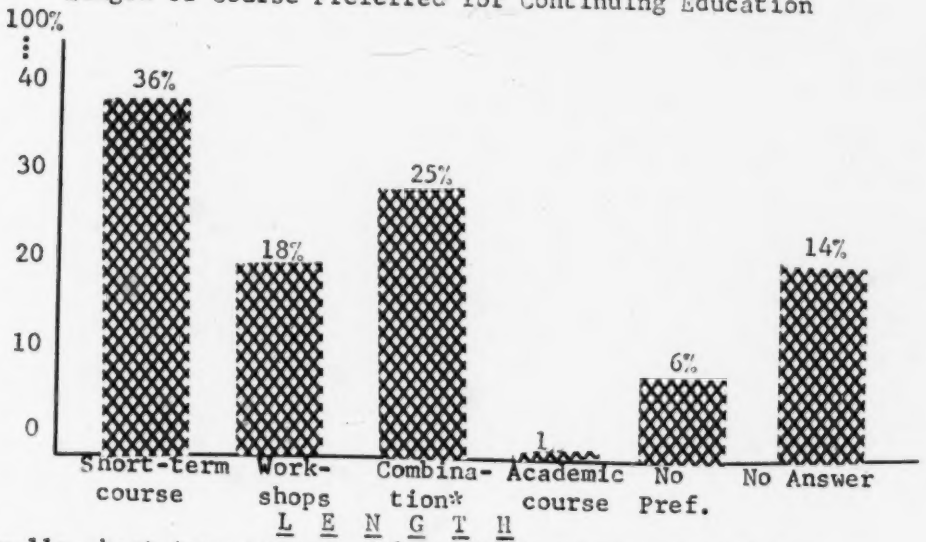
Table VI lists the specific subjects suggested by respondents. More osteopathic physicians reported that they would like courses on aspects of general practice than any other topic.

TABLE VIII.
Subjects Reported To Be Needed As Part of Continuing Education

Subject:	No.	%
Anesthesiology	1	2
Internal Medicine	1	2
Aspects of General Practice	10	23
General Surgery	2	5
Manipulation	3	7
OB-GYN	1	2
Physical Medicine and Rehab.	2	5
Psychology and Psychiatry	2	5
Radiology	2	5
All other subjects and combinations	19	44
Total	43	100%

Convenient Course Length. One third of the respondents indicated their desire for short-term courses. Nearly a fifth asked for workshops and another 25% chose a combination of the above. These figures are illustrated below.

Figure 8
Length of Course Preferred for Continuing Education

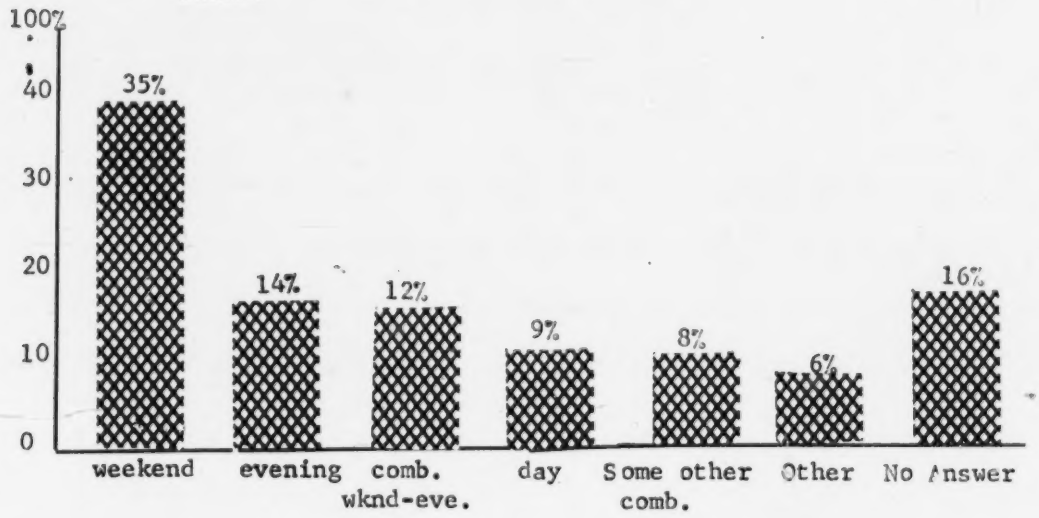


*Usually short-term course with academic course or workshop.

Preferred Course Length and Age. There were some differences among the osteopathic physicians' preferred course length when their age was considered. Respondents between the ages of 35 and 54 were most interested in short-term courses and workshops.

Preferred Time of Day. More respondents (35%) preferred weekend scheduling of continuing education than any other time. The next largest percentage of respondents (14%) specified evening scheduling.

Figure 9
Preferred Time of Day for Continuing Education



LICENSURE

Slightly over half of the osteopathic physicians (54%) licensed in and living in Washington were licensed through reciprocity with another state. Forty two percent specified that they were licensed in Washington through examination, and 4% failed to reply to this question.

State of Recriprocity. The most frequently mentioned state (40%) for reciprocity of licensure was Missouri. Further details can be seen in Table IX.

TABLE IX.
State of Reciprocity for Osteopathic Physicians

State:	No.	%
Missouri	31	40
Iowa	17	22
California	5	6
Oregon	4	5
Kentucky	2	3
Michigan	2	3
Other States	6	7
State no specified	11	14
Total	78	100%

This report has discussed the findings of a survey conducted by the Health Manpower Project and co-sponsored with the Washington Osteopathic Medical Association. Further studies to validate and extend the data are planned for the osteopathic profession by the Health Manpower Project.

Appendix A: The Questionnaire

Appendix B: Selected Data Tables

Research Form, Doctor of Osteopathy

Code

Name_____

1. Residential Address: City_____County_____State_____Zip Code____ ____

2. Professional Address: City_____County_____State_____Zip Code____ ____

3. Date of Birth_____ ____

PLEASE CIRCLE NUMBER PRECEDING A STATEMENT OR FILL IN REPLY WHERE INDICATED

4. EXCLUDING your professional osteopathic training, please circle the highest educational level attained:

   1. Less than Baccalaureate Degree (Specify number of years in college)
      0 1 2 3 4 ____
   2. Baccalaureate Degree
   3. Master's Degree ____
   4. Other graduate degree (specify)_____ ____ ____

5. Please indicate the osteopathic degree received:

   1. Doctor of Osteopathy
   2. Other (Specify)_____ ____ ____

6. Was your license in Washington granted by:

   1. Examination
   2. Reciprocity (specify state)_____ ____
   3. Other (Specify)_____ ____ ____

7. What is the total number of years you have practiced as an osteopathic physician:_____ ____

8. Are you currently:

   1. Practicing full time as an osteopathic physician
   2. Practicing part time as an osteopathic physician ____
   3. Employed in another occupation (specify)_____ ____ ____
   4. Retired, student, or otherwise inactive (Go on to Question 12) ____ ____

9. Are you primarily engaged in:

   1. Patient care
   2. Administration ____
   3. Teaching or research ____ ____
   4. Other (specify)_____ ____ ____

PLEASE CONTINUE →

Code

10. Would you describe your work activities as:

    1. Solo practice
    2. partnership practice
    3. group practice
    4. hospital based practice
    5. public health
    6. other (specify)_____

11. Are you:

    1. in general practice
    2. in general practice with particular attention to a speciality (specify which)_____
    3. limited to a speciality (specify which)_____
    4. Not primarily involved with patient care

12. Within the last five years, how many of the following courses have you attended:

A. Academic courses: (quarter or semester)	B. Short-term courses or workshops:
1. None	1. None
2. One to three	2. One to three
3. Four or more	3. Four or more

13. We would like to know your opinions regarding current CONTINUING EDUCATION opportunities in the profession. Do you feel that:

    A. The number of opportunities available:

        1. are adequate for your own needs
        2. are too few for your own needs
        3. are more than necessary for your own needs

    B. the course content:

        1. has in general been suitable for your needs
        2. would prefer continuing education related to the following subject (specify)_____
        3. have no opinion

    C. the most convenient course length would be:

        1. academic quarter or semester courses
        2. short-term courses
        3. workshops
        4. no preference

    D. the most convenient time of day would be:

        1. an evening course schedule
        2. a daytime course schedule
        3. a weekend course schedule
        4. other (specify)_____

BIBLIOGRAPHY

1. "The Osteopathic Profession" a brochure published by the American Osteopathic Association, Department of Public Relations, 212 East Ohio Street, Chicago, Illinois 60611, not dated, no pagination.

2. Health Manpower & Facilities, State of Washington, 1968, Comprehensive Health Planning Section, Planning and Community Affairs Agency, pp. 38-39

3. "A Statistical Study of the Osteopathic Profession, December 31, 1967" by the Membership and Statistics Department, American Osteopathic Association, Chicago, Illinois, June, 1968.

TABLE 1.

EMPLOYMENT STATUS

	No.	%
Full time in Osteopathic Medicine	117	82
Part time in Osteopathic Medicine	10	7
In Another Occupation	1	1
Retired or Otherwise Inactive	13	9
No Answer	2	1
Total	143	100%

TABLE 2

WORK SETTING OF ACTIVE OSTEOPATHIC PHYSICIANS

Work Setting	No.	%
Solo Practice	110	86
Partnership Practice	8	7
Group Practice	3	2
Hospital Based Practice	4	3
Other	3	2
Total	128*	100%

*Categories of retired and no answer deleted from this table

TABLE 3

WORK SETTING BY AGE

	34 and under		35-44		45-54		55-64		65 and over		No Answer	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Solo Practice	9	68	26	72	31	94	21	91	14	54	9	75
Partnership Practice	1	8	4	11	0	0	0	0	2	8	1	8
Group Practice	1	8	2	6	0	0	0	0	0	0	0	0
Hospital Practice	1	8	2	5	1	3	0	0	0	0	0	0
Other	0	0	1	3	0	0	1	4	1	4	0	0
No Answer	1	8	1	3	1	3	1	5	9	4	2	17
Total	13	100%	36	100%	33	100%	23	100%	26	100%	12	100%

TABLE 4

WORK SETTING ACCORDING TO STATE OF RESIDENCE AMONG ALL RESPONDENTS (290)

Residence	Solo		Partnership		Group		Hospital		Other		No Answer		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Washington	110	77	8	6	3	2	4	3	3	2	15	10	143	100
Oregon	20	74	3	11	3	11	0	0	1	4	0	0	27	100
California	8	50	1	6	5	32	0	0	1	6	1	6	16	100
Iowa	3	25	1	8	3	25	3	25	2	17	0	0	12	100
Michigan	9	41	4	18	1	4	7	32	1	5	0	0	22	100
Ohio	6	46	4	31	1	8	2	15	0	0	0	0	13	100
All Other States and Countries*	24	51*	4	8	5	11	10	21	3	6	1	2	47	100
No Answer	5	50	1	10	0	0	2	20	0	0	2	20	10	100

* This row represents a wide range of percentages; for example, Missouri with a total of 7 respondents had 71% (5) reporting solo practice; Colorado with a total of 4 respondents had only 50% (2) reporting solo practice.